

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		THIS RFQ <input type="checkbox"/> IS <input checked="" type="checkbox"/> IS NOT A SMALL BUSINESS SET ASIDE		PAGE 1 OF 1 PAGES	
1. REQUEST NO. NNC08236839Q		2. DATE ISSUED 03/25/2008	3. REQUISITION/PURCHASE REQUEST NO. 4200236839	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG.1	RATING CO-9
5a. ISSUED BY NASA/Glenn Research Center Procurement Division, MS 500-313 21000 Brookpark Road Cleveland OH 44135-3127			6. DELIVERY BY (Date) 12/31/2008		
			7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)		
			9. DESTINATION		
5b. FOR INFORMATION CALL: (No collect calls)			a. NAME OF CONSIGNEE NASA/Glenn Research Center		
NAME AUDREY GONZALEZ		TELEPHONE NUMBER AREA CODE 216 NUMBER 433-2131	b. STREET ADDRESS 21000 Brookpark Road		
8. TO:					
a. NAME		b. COMPANY			
c. STREET ADDRESS			c. CITY Cleveland		
d. CITY		e. STATE	f. ZIP CODE	d. STATE OH	e. ZIP CODE 44135-3127
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 04/14/2008 1630 LT		IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.			

11. SCHEDULE (Include applicable Federal, State and local taxes)					
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
001	Cryogenic Propellant Management Device Conceptual Design Study GRC-CFM Sys Analy Tools & Trade Studies				

12. DISCOUNT FOR PROMPT PAYMENT	a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS	
				NUMBER	PERCENTAGE

NOTE: Additional provisions and representations ☐ are ☐ are not attached

13. NAME AND ADDRESS OF QUOTER			14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION	
a. NAME OF QUOTER						
b. STREET ADDRESS			16. SIGNER			
c. COUNTY			a. NAME (Type or print)		b. TELEPHONE	
					AREA CODE	
d. CITY	e. STATE	f. ZIP CODE	c. TITLE (Type or print)		NUMBER	